

CCC-963
(proposal 4)U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit CorporationTOBACCO TRANSITION PAYMENT PROGRAM
TTPP ACCOUNT REGISTRATION**PART A - PARTICIPANT INFORMATION**

1. Are you currently on file (database) in a Farm Service Agency County office?

☐ NO ☐ YES. Location of County Office: State: County:

2. Have you submitted:

- A. Highly Erodible Land Conservation and Wetland Certificate (AD-1026)? ☐ YES ☐ NO
 B. Direct Deposit Sign-UP Form (SF-1199A)? ☐ YES ☐ NO
 C. Power of Attorney (FSA-211) (if applicable)? ☐ YES ☐ NO

If "NO", submit applicable form(s) with this registration.
 Forms are available at
<http://forms.sc.egov.usda.gov/eforms/mainervlet>

3. Participant Name and Address (Include ZIP Code)

4. Participant Taxpayer Identification Number

5. Participant Telephone Number (Include Area Code)

6. Participant E-mail Address

7. Contact Person Name

8. Contact Person Telephone Number (Include Area Code)

9. Name(s) and Title(s) (if any) of the person authorized to sign Form CCC-962 on behalf of entity identified in Item 3 for corporations: (Use form FSA-211 if you wish to appoint a Power of Attorney)

A. Name (Print)

B. Title

10. Commodity Credit Corporation (CCC) will post participant information listed in Items 3, 5, and 6 to <http://www.fsa.usda.gov/tobacco> unless you request to withhold by marking "X" in the box below:☐ Withhold participant information

By signing this registration request, you agree to abide by the provisions found at 7 CFR Part 1463.

11. Signature of Participant

12. Date (MM-DD-YYYY)

PART B - SUBMIT COMPLETED FORM

13A. Return Form To (Name and Address Include ZIP Code)

13B. FAX Form To (Include Area Code)

14. Questions Please Call (Include Area Code)

OR

13C. E-mail Address

PART C - CCC USE ONLY

15. Date Received (MM-DD-YYYY)

16. Time Received

☐ AM ☐ PM

17. TTPP Account Numbers Assigned to Participant:

A. Quota Holder Account:

B. Producer Account:

18. Name of Processor

19. Signature of CCC Representative

20. Title of CCC Representative

21. Date (MM-DD-YYYY)

NOTE: The authority for collecting the following information is Pub. L. 108-357. The authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is Pub. L. 108-357 (The Fair and Equitable Tobacco Reform Act of 2004 (the Act)). The information will be used to determine eligibility for program payments. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

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